



4191-02-U

## SOCIAL SECURITY ADMINISTRATION

[Docket No: SSA-2019-0031]

Agency Information Collection Activities: Comment Request

The Social Security Administration (SSA) publishes a list of information collection packages requiring clearance by the Office of Management and Budget (OMB) in compliance with Public Law 104-13, the Paperwork Reduction Act of 1995, effective October 1, 1995. This notice includes revisions of OMB-approved information collections.

SSA is soliciting comments on the accuracy of the agency's burden estimate; the need for the information; its practical utility; ways to enhance its quality, utility, and clarity; and ways to minimize burden on respondents, including the use of automated collection techniques or other forms of information technology. Mail, email, or fax your comments and recommendations on the information collection(s) to the OMB Desk Officer and SSA Reports Clearance Officer at the following addresses or fax numbers.

(OMB)

Office of Management and Budget

Attn: Desk Officer for SSA

Fax: 202-395-6974

Email address: [OIRA\\_Submission@omb.eop.gov](mailto:OIRA_Submission@omb.eop.gov)

(SSA)

Social Security Administration, OLCA

Attn: Reports Clearance Director

3100 West High Rise

6401 Security Blvd.

Baltimore, MD 21235

Fax: 410-966-2830

Email address: [OR.Reports.Clearance@ssa.gov](mailto:OR.Reports.Clearance@ssa.gov)

Or you may submit your comments online through [www.regulations.gov](http://www.regulations.gov),  
referencing Docket ID Number [SSA-2019-0031].

SSA submitted the information collections below to OMB for clearance.

Your comments regarding these information collections would be most useful  
if OMB and SSA receive them 30 days from the date of this publication. To

be sure we consider your comments, we must receive them no later than

**[INSERT DATE 30 DAYS AFTER DATE OF PUBLICATION IN THE  
FEDERAL REGISTER].** Individuals can obtain copies of the OMB

clearance packages by writing to [OR.Reports.Clearance@ssa.gov](mailto:OR.Reports.Clearance@ssa.gov).

**1. Representative Payee Evaluation Report -- 20 CFR 404.2065 & 416.665**

**-- 0960-0069.** Sections 205(j) and 1631(a)(2) of the Act state that SSA  
may authorize payment of Social Security benefits or Supplemental  
Security Income (SSI) payments to a representative payee on behalf of  
individuals unable to manage, or direct the management of, those funds

themselves. SSA requires appointed representative payees to report once each year on how they used or conserved those funds. When a representative payee fails to adequately report to SSA as required, SSA conducts a face-to-face interview with the payee and completes Form SSA-624-F5, Representative Payee Evaluation Report, to determine the continued suitability of the representative payee to serve as a payee. In addition to interviewing the representative payee, we also interview the recipient, and custodian (if other than the payee), to confirm the information the payee provides, and to ensure the payee is meeting the recipient's current needs. The respondents are individuals or organizations serving as representative payees for individuals receiving Title II benefits or Title XVI payments, and who fail to comply with SSA's statutory annual reporting requirement, and the recipients for whom they act as payee.

Type of Request: Revision of an OMB-approved information collection.

<b>Modality of Completion</b>	<b>Number of Respondents</b>	<b>Frequency of Response</b>	<b>Average Burden Per Response (minutes)</b>	<b>Estimated Total Annual Burden (hours)</b>
SSA-624 – Individuals	6,956	1	30	3,478
SSA-624 – State and Local Government	40	1	30	20
SSA-624 – Businesses	280	1	30	140
<b>Totals</b>	<b>7,276</b>			<b>3,638</b>

## **2. Application for Benefits Under the Italy-U.S. International Social**

**Security Agreement -- 20 CFR 404.1925 -- 0960-0445.** As per the

November 1, 1978 agreement between the United States and Italian Social Security agencies, residents of Italy filing an application for U.S. Social Security benefits directly with one of the Italian Social Security agencies must complete Form SSA-2528-IT. SSA uses Form SSA-2528-IT to establish age, relationship, citizenship, marriage, death, military service, or to evaluate a family bible or other family record when determining eligibility for U.S. benefits. The Italian Social Security agencies assist applicants in completing Form SSA-2528-IT, and then forward the application to SSA for processing. The respondents are individuals living in Italy who wish to file for U.S. Social Security benefits.

Type of Request: Revision of an OMB-approved information collection.

<b>Modality of Completion</b>	<b>Number of Respondents</b>	<b>Frequency of Response</b>	<b>Average Burden Per Response (minutes)</b>	<b>Estimated Total Annual Burden (hours)</b>
SSA-2528-IT	300	1	20	100

### **3. Agency/Employer Government Pension Offset Questionnaire --**

**20 CFR 404.408(a) -- 0960-0470.** When an individual is concurrently receiving Social Security spousal, or surviving spousal, benefits, and a government pension, the individual may have the amount of Social Security benefits reduced by the government pension amount. This is the Government Pension Offset (GPO). SSA uses Form SSA-L4163 to collect accurate pension information from the Federal or State government agency paying the pension for purposes of applying the pension offset provision.

SSA uses this form only when: (1) the claimant does not have the information; and (2) the pension-paying agency has not cooperated with the claimant. Respondents are State government agencies, which have information SSA needs to determine if the GPO applies, and the amount of offset.

Type of Request: Revision of an OMB-approved information collection.

Modality of Completion	Number of Respondents	Frequency of Response	Average Burden Per Response (minutes)	Estimated Total Annual Burden (hours)
SSA-L4163	2,911	1	3	146

- 4. Plan to Achieve Self-Support (PASS) -- 20 CFR 416.110(e), 416.1180-1182, 416.1225-1227-- 0960-0559.** The SSI program encourages recipients to return to work. One of the program objectives is to provide incentives and opportunities that help recipients toward employment. The PASS provision allows individuals to use available income or resources (such as business equipment, education, or specialized training) to enter or re-enter the workforce and become self-supporting. In turn, SSA does not count the income or resources recipients use to fund a PASS when determining an individual's SSI eligibility or payment amount. An SSI recipient who wants to use available income and resources to obtain education or training to become self-supporting completes Form SSA-545. SSA uses the information from the SSA-545 to evaluate the recipient's PASS, and to

determine eligibility under the provisions of the SSI program. The respondents are SSI recipients who want to develop a return-to-work plan.

Type of Request: Revision of an OMB-approved information collection.

<b>Modality of Completion</b>	<b>Number of Respondents</b>	<b>Frequency of Response</b>	<b>Average Burden Per Response (minutes)</b>	<b>Estimated Total Annual Burden (hours)</b>
SSA-545	7,000	1	120	14,000

**5. Complaint Form for Allegations of Discrimination in Programs or Activities Conducted by the Social Security Administration --**

**0960-0585.** SSA uses Form SSA-437 to investigate and formally resolve complaints of discrimination based on disability; race; color; national origin (including limited English language proficiency); sex (including sexual orientation and gender identity); age; religion; or retaliation for having participated in a proceeding under this administrative complaint process in connection with an SSA program or activity. Individuals who believe SSA discriminated against them on any of the above bases may file a written complaint of discrimination. SSA uses the information to:

- (1) identify the complaint; (2) identify the alleged discriminatory act;
- (3) establish the date of the alleged action; (4) establish the identity of any individual(s) with information about the alleged discrimination; and
- (5) establish other relevant information that would assist in the investigation and resolution of the complaint. Respondents are individuals

who believe an SSA program or activity, or SSA employees, contractors or agents, discriminated against them.

Type of Request: Revision on an OMB-approved information collection.

<b>Modality of Completion</b>	<b>Number of Respondents</b>	<b>Frequency of Response</b>	<b>Average Burden Per Response (minutes)</b>	<b>Estimated Total Annual Burden (hours)</b>
SSA-437	255	1	60	255

**6. Supplemental Security Income Wage Reporting (Telephone and**

**Mobile) -- 20 CFR 416.701-416.732 -- 0960-0715.** SSA requires SSI

recipients to report changes which could affect their eligibility for, and the amount of, their SSI payments, such as changes in income, resources, and living arrangements. SSA's SSI Telephone Wage Reporting (SSITWR) and SSI Mobile Wage Reporting (SSIMWR) enable SSI recipients to meet these requirements via an automated mechanism to report their monthly wages by telephone and mobile application, instead of contacting their local field offices. The SSITWR allows callers to report their wages by speaking their responses through voice recognition technology, or by keying in responses using a telephone key pad. The SSIMWR allows recipients to report their wages through the mobile wage reporting application on their smartphone. SSITWR and SSIMWR systems collect the same information and send it to SSA over secure channels. To ensure the security of the information provided, SSITWR and SSIMWR ask respondents to provide information SSA can compare against our records

for authentication purposes. Once the system authenticates the identity of the respondents, they can report their wage data. The respondents are SSI recipients, deemors, or their representative payees.

Type of Request: Revision of an OMB-approved information collection.

Modality of Completion	Number of Respondents	Frequency of Response	Number of Responses	Average Burden Per Response (minutes)	Estimated Total Annual Burden (hours)
Training / Instruction*	103,000	1	103,000	35	60,083
SSITWR	26,000	12	312,000	5	26,000
SSIMWR	77,000	12	924,000	3	46,200
<b>Totals</b>	<b>103,000</b>		<b>1,339,000</b>		<b>132,283</b>

\***Note:** The same 103,000 respondents are completing training and a

modality of collection, therefore the actual total number of respondents is still 103,000.

## 7. Technical Updates to Applicability of the Supplemental Security Income (SSI) Reduced Benefit Rate for Individuals Residing in Medical Treatment Facilities -- 20 CFR 416.708(k) -- 0960-0758.

Section 1611(e)(1)(A) of the Act specifies residents of public institutions are ineligible for SSI. However, Sections 1611(e)(1)(B) and (G) of the Act list certain exceptions to this provision, making it necessary for SSA to collect information about SSI recipients who enter or leave a medical treatment facility or other public or private institution. SSA's regulation 20 CFR 416.708(k) establishes the reporting guidelines that implement this legislative requirement. SSA uses this information collection to determine



SSI eligibility or the benefit amount for SSI recipients who enter or leave institutions. SSA personnel collect this information directly from SSI recipients, or from someone reporting on their behalf. An SSI recipient who enters an institution may be unable to report; therefore, a family member sometimes makes this report on behalf of the recipient. When contacting SSA, the recipient, or family member of the recipient, provides the name of the institution, the date of admission, and the expected date of discharge. The respondents are SSI recipients who enter or leave an institution, or individuals reporting on their behalf.

**This is a correction notice.** SSA published this information collection as an extension on May 22, 2019 at 84 FR 23623. Since we are revising the Privacy Act Statement for this collection, this is now a revision of an OMB-approved information collection.

Type of Request: Revision of an OMB-approved information collection.

Modality of Completion	Number of Respondents	Frequency of Response	Average Burden Per Response (minutes)	Estimated Total Annual Burden (hours)
Technical Updates Statement	34,200	1	7	3,990

#### 8. Waiver of Supplemental Security Income Payment Continuation -- 20

**CFR 416.1400-416.1422 -- 0960-0783.** SSI recipients who wish to discontinue their SSI payments while awaiting a determination on their appeal complete Form SSA-263-U2, Waiver of Supplemental Security

Income Payment Continuation, to inform SSA of this decision. SSA collects the information to determine whether the SSI recipient meets the provisions of the Act regarding waiver of payment continuation and as proof respondents no longer want their payments to continue. Respondents are recipients of SSI payments who wish to discontinue receipt of payment while awaiting a determination on their appeal.

Type of Request: Revision of an OMB-approved information collection.

<b>Modality of Completion</b>	<b>Number of Respondents</b>	<b>Frequency of Response</b>	<b>Average Burden Per Response (minutes)</b>	<b>Estimated Total Annual Burden (hours)</b>
SSA-263-U2	3,000	1	5	250

Dated: July 26, 2019.

Naomi Sipple,  
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Social Security Administration.

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